



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

MAR 31 2023

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- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 100672		2. Exact name of the Corporation RAWSON CONSULTING & MARKETING CORP.			
3. Principal Office Address 2417 Mendon Road		City Woonsocket		State RI	Zip 02895
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island TO GENERALLY CONDUCT A CONSULTING AND MARKETING BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOSEPH A. LAMAGNA			Vice-President Name N/A		
Street Address 2417 Mendon Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name JOSEPH A. LAMAGNA			Treasurer Name JOSEPH A. LAMAGNA		
Street Address 2417 Mendon Road			Street Address 2417 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JOSEPH A. LAMAGNA			Director Name		
Street Address 2417 Mendon Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0	COMMON	NO PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative JOSEPH A. LAMAGNA, PRESIDENT				Date February 21, 2023	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630 - Revised: 2/2023